

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different  
than previously  
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☒July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Joseph H Heidebrink

Signature of Treasurer Electronically Filed by Mr. Joseph H Heidebrink

Date

07

13

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	32261.87
(b) Cash on Hand at Beginning of Reporting Period .....	32261.87	
(c) Total Receipts (from Line 19) .....	119808.52	119808.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	152070.39	152070.39
7. Total Disbursements (from Line 31) .....	134836.63	134836.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17233.76	17233.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
HCR Manor Care PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A) .....	99563.12	99563.12
(ii) Unitemized .....	20230.74	20230.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	119793.86	119793.86
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	119793.86	119793.86
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.66	14.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	119808.52	119808.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	119808.52	119808.52

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	86.63	86.63	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	86.63	86.63	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106500.00	106500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	28250.00	28250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	134836.63	134836.63	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134836.63	134836.63	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	119793.86	119793.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	119793.86	119793.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	86.63	86.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	86.63	86.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Charlean Adams

Mailing Address 219 Evergreen Ln

City

Twin Lakes

State

WI

Zip Code

53181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33904

Amount of Each Receipt this Period

584.00

Bi-Weekly Payroll Deducti-  
on - 44\*10 +50\*2

**B.**

Full Name (Last, First, Middle Initial)

Pauletta Adams

Mailing Address 12132 Turnberry Drive

City

Rancho Mirage

State

CA

Zip Code

92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

General Manager - West Div & HHHH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.33809

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1444.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33906

Amount of Each Receipt this Period

1444.24

Bi-Weekly Payroll Deducti-  
on - 75\*9 + 192.31\*4

**SUBTOTAL** of Receipts This Page (optional) .....

4028.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jenny Altstaetter

Mailing Address 2313 Marengo St

City

Toledo

State

OH

Zip Code

43614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation

Medicaid Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.33748

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Armstrong

Mailing Address 115 N. Remington Rd.

City

Bexley

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33910

Amount of Each Receipt this Period

326.70

Bi-Weekly Payroll Deducti-  
on

C.

Full Name (Last, First, Middle Initial)

Deborah A Arrendale

Mailing Address 7100 Sunshine Skyway Lane South  
#401

City

St. Petersburg

State

FL

Zip Code

33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

4H East Div. General Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33911

Amount of Each Receipt this Period

270.76

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

847.46

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Tammy Barker

Mailing Address 4521 Sutton Rd

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

AVP - Quality Support Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33916

Amount of Each Receipt this Period

695.63

Bi-Weekly Payroll Deducti-  
on - 53.51**B.**

Full Name (Last, First, Middle Initial)

Suzanne L Baron

Mailing Address 134 Lakeshore Dr. #414

City

North Palm Beach

State

FL

Zip Code

33408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33919

Amount of Each Receipt this Period

219.18

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Joseph Barrick

Mailing Address 448 Woodcrest Drive

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - York South

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33920

Amount of Each Receipt this Period

332.28

Bi-Weekly Payroll Deducti-  
on - 27.69

SUBTOTAL of Receipts This Page (optional) .....

1247.09

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Batcher

Mailing Address 910 Orchard Drive

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director - Dementia Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.27

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33921

Amount of Each Receipt this Period

452.27

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Ms Julie Beckert

Mailing Address 3911 Buell

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33930

Amount of Each Receipt this Period

540.00

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Katherine Benkowski

Mailing Address 9811 Perfect Drive

City

Port St. Lucie

State

FL

Zip Code

34986

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Manager of Clinical Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.33902

Amount of Each Receipt this Period

900.00

Credit Card Contribution -  
VISA

**SUBTOTAL** of Receipts This Page (optional) .....

1892.27

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Jean Tina Blahofski

Mailing Address 4266 Weston Dr

City

Weston Lakes

State

TX

Zip Code

77441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33933

Amount of Each Receipt this Period

325.00

Bi-Weekly Payroll Deducti-  
on - 25.00**B.**

Full Name (Last, First, Middle Initial)

James R Bolton

Mailing Address 2209 Bayward Blvd

City

Wilmington

State

DE

Zip Code

19802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33935

Amount of Each Receipt this Period

370.00

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Ms Judy L Bowes

Mailing Address 2909 Maplewood Pl

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33937

Amount of Each Receipt this Period

375.05

Bi-Weekly Payroll Deducti-  
on - 28.85

SUBTOTAL of Receipts This Page (optional) .....

1070.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Pamela Britt

Mailing Address 27135 State Route 49

City

Potomac

State

IL

Zip Code

61865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Champaign

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33941

Amount of Each Receipt this Period

350.00

Bi-Weekly Payroll Deducti-  
on - 50.00

**B.**

Full Name (Last, First, Middle Initial)

David Burke

Mailing Address 425 Kingwood Rd

City

Linthicum Heights

State

MD

Zip Code

21090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.70

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33945

Amount of Each Receipt this Period

557.70

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Candace Burks-McCoy

Mailing Address 601 N. Shore Dr

City

Cisco

State

TX

Zip Code

76437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33946

Amount of Each Receipt this Period

287.00

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1194.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Charlie Byrne

Mailing Address 4685 Rio Poco Ct

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR. Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33949

Amount of Each Receipt this Period

598.60

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Shirley D Cabildo

Mailing Address 38 Bentley Court

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.26

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33950

Amount of Each Receipt this Period

389.26

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Javier Cavero

Mailing Address 3077 N. Oakland Forest Dr. #202

City

Oakland Park

State

FL

Zip Code

33309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.51

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33955

Amount of Each Receipt this Period

243.51

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1231.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 2018 N. Rosemary

City

Tucson

State

AZ

Zip Code

85716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33956

Amount of Each Receipt this Period

2499.97

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Karen R Clark

Mailing Address 1129 West Hunter

City

Nevada

State

MO

Zip Code

64772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.41

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33959

Amount of Each Receipt this Period

276.41

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Lenette A Clark

Mailing Address 1259 Tower Court

City

Bourbannais

State

IL

Zip Code

60914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33960

Amount of Each Receipt this Period

459.00

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

3235.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Bruce Clement

Mailing Address 2145 Sawgrass Ln

City

Pewaukee

State

MI

Zip Code

53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.33760

Amount of Each Receipt this Period

500.00

Credit Card Contribution -  
VISA

**B.**

Full Name (Last, First, Middle Initial)

William V Coury

Mailing Address 1640 Fairway Place Ln

City

Mt. Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33962

Amount of Each Receipt this Period

205.44

Bi-Weekly Payroll Deducti-  
on - 17.12

**C.**

Full Name (Last, First, Middle Initial)

Lynn Creighton

Mailing Address 200 Commonwealth Dr.

City

Bolingbrook

State

IL

Zip Code

60440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.18

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33964

Amount of Each Receipt this Period

213.18

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

918.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Victoria Crenshaw

Mailing Address 736 Va Dare Drive

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33965

Amount of Each Receipt this Period

643.94

Bi-Weekly Payroll Deducti-  
on - 58.54

**B.**

Full Name (Last, First, Middle Initial)

Johanna Crowder

Mailing Address 31524 Delaware

City

Livonia

State

MI

Zip Code

48150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Manager of Market Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33966

Amount of Each Receipt this Period

438.48

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Karen Davidson

Mailing Address 612 West Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

DCS - Clinical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33970

Amount of Each Receipt this Period

508.00

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1590.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Carla Davis Hughes

Mailing Address 745 Washington St.  
#603

City State Zip Code  
Toledo OH 43604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR ManorCare, LLC

Occupation  
VP Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33971

Amount of Each Receipt this Period

260.00

Bi-Weekly Payroll Deducti-  
on - 20.00

**B.**

Full Name (Last, First, Middle Initial)

Dawn Jones Debrunner

Mailing Address 14801 Farnham Way

City State Zip Code  
Tampa FL 33624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR Manor Care, Inc.

Occupation  
Administrator - Carrollwood

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.33851

Amount of Each Receipt this Period

250.00

Credit Card Contribution -  
MC

**C.**

Full Name (Last, First, Middle Initial)

Janet Diehl

Mailing Address 3903 Barbara Ann Drive

City State Zip Code  
Monroeville PA 15146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCR Manor Care, Inc

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.55

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33976

Amount of Each Receipt this Period

279.55

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

789.55

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Larry Doenitz

Mailing Address 3162 Crystal Court

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Ops Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11AI.33806

Amount of Each Receipt this Period

400.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.33977

Amount of Each Receipt this Period

420.00

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Lisa J Dorrin

Mailing Address 513 Oak Grove Road

City

Swedesboro

State

NJ

Zip Code

08085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Admin Director of Nursing Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.33978

Amount of Each Receipt this Period

247.13

Bi-Weekly Payroll Deducti-  
on - 19.01

SUBTOTAL of Receipts This Page (optional) .....

1067.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 9261 Lerwick Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.66

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33979

Amount of Each Receipt this Period

2307.66

Bi-Weekly Payroll Deducti-  
on - 192

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Ehle

Mailing Address 14400 Michaux View Way

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33980

Amount of Each Receipt this Period

378.35

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33984

Amount of Each Receipt this Period

360.00

Bi-Weekly Payroll Deducti-  
on - 30.00

**SUBTOTAL** of Receipts This Page (optional) .....

3046.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

R Michael Ferguson

Mailing Address 2450 Underhill Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

VP &amp; Dir of Purchasing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33986

Amount of Each Receipt this Period

519.21

Bi-Weekly Payroll Deducti-  
on - 57.69**B.**

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11AI.34237

Amount of Each Receipt this Period

450.00

Bi-Weekly Payroll Deducti-  
on - 50.00**C.**

Full Name (Last, First, Middle Initial)

A. Louise Forsha

Mailing Address P. O. Box 418

City

Albrightsville

State

PA

Zip Code

18210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Hampton House

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	1

Transaction ID: SA11AI.33771

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1269.21

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

George Frill

Mailing Address 2006 Hale Ct

City

Wyomiseing

State

PA

Zip Code

19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33993

Amount of Each Receipt this Period

308.89

Bi-Weekly Payroll Deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Ms. Sally Gates

Mailing Address 2011 20th Lane

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33997

Amount of Each Receipt this Period

260.00

Bi-Weekly Payroll Deducti-  
on - 20.00**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary T. Geise

Mailing Address 28561 Woodland Ave

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.33998

Amount of Each Receipt this Period

619.83

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

1188.72

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Lynda Gluch

Mailing Address 8740 Paulina Avenue

City

Grosse Ile

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Director of Dietary Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.33752

Amount of Each Receipt this Period

1500.00

Credit Card Contribution -  
AMEX

**B.**

Full Name (Last, First, Middle Initial)

Mr. Leonard Grabijas

Mailing Address 2682 Ravine Side North

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

VP Sales & Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34007

Amount of Each Receipt this Period

643.35

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

James Grady

Mailing Address 1311 Old Taylor Trail

City

Goshen

State

KY

Zip Code

40026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34008

Amount of Each Receipt this Period

513.00

Bi-Weekly Payroll Deducti-  
on - 57.00

**SUBTOTAL** of Receipts This Page (optional) .....

2656.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

VP/GM - Heartland Hospice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.33636

Amount of Each Receipt this Period

5000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34236

Amount of Each Receipt this Period

825.00

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Jill L Hale

Mailing Address 366 Burlington Rd

City

Jackson

State

OH

Zip Code

45640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34016

Amount of Each Receipt this Period

220.00

Bi-Weekly Payroll Deducti-  
on - 20.00

**SUBTOTAL** of Receipts This Page (optional) .....

6045.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Gayla M Haley

Mailing Address 239 County Rd

City

Tenaha

State

TX

Zip Code

75974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34017

Amount of Each Receipt this Period

342.60

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Harris

Mailing Address 25536 Seminary Rd

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

AVP Dir of Tech Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34019

Amount of Each Receipt this Period

240.00

Bi-Weekly Payroll Deducti-  
on - 40.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.45

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34020

Amount of Each Receipt this Period

345.45

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

928.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496 South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.67

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34022

Amount of Each Receipt this Period

957.67

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Tammy R Hempfling

Mailing Address 301 Broadhead

City

Midland

State

MI

Zip Code

40642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34025

Amount of Each Receipt this Period

293.02

Bi-Weekly Payroll Deducti-  
on - 22.54

**C.**

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23636 W. Chicago St. Unit 102

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34235

Amount of Each Receipt this Period

444.00

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1694.69

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Donnett H Henry

Mailing Address 7531 Plantation

City

Mirimar

State

FL

Zip Code

33023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

219.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34027

Amount of Each Receipt this Period

219.60

Bi-Weekly Payroll Deducti-  
on - 18.51**B.**

Full Name (Last, First, Middle Initial)

Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City

Lawrenceville

State

GA

Zip Code

30043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34029

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Deducti-  
on - 17.50**C.**

Full Name (Last, First, Middle Initial)

Sharon E Hollins

Mailing Address 3311 Gallatin Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Assistant General Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: SA11AI.33702

Amount of Each Receipt this Period

1200.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1629.60

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Sharon R Holmes

Mailing Address 3207 N. 27th St.

City

Tacoma

State

WA

Zip Code

98407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator in Training

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34035

Amount of Each Receipt this Period

305.00

Bi-Weekly Payroll Deducti-  
on - 25.00**B.**

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34037

Amount of Each Receipt this Period

1080.00

Bi-Weekly Payroll Deducti-  
on - 90.00**C.**

Full Name (Last, First, Middle Initial)

Ms Kate Gieroczynski Huck

Mailing Address 65 Washington St

City

Topton

State

PA

Zip Code

19562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34040

Amount of Each Receipt this Period

200.81

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

1585.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Patricia Hudson

Mailing Address 1733 Ashfield Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Reg. Director of 4H

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34041

Amount of Each Receipt this Period

325.00

Bi-Weekly Payroll Deducti-  
on - 25.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Hutchison

Mailing Address 2692 Elton Circle

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director Human Resources Ops Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34044

Amount of Each Receipt this Period

260.00

Bi-Weekly Payroll Deducti-  
on - 20.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City

TOLEDO

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34234

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Deducti-  
on - 42.00

**SUBTOTAL** of Receipts This Page (optional) .....

795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert G Julius

Mailing Address 3321 Pelham Rd

City

Ottawa Hills

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34054

Amount of Each Receipt this Period

388.00

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Susan M Kalas

Mailing Address 10921 Cortland Ln

City

Huntley

State

IL

Zip Code

60142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.71

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34057

Amount of Each Receipt this Period

243.71

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Linda Karling-Lott

Mailing Address 4361 Conwallis Ct

City

Marietta

State

GA

Zip Code

30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34059

Amount of Each Receipt this Period

327.50

Bi-Weekly Payroll Deducti-  
on - 32.75

**SUBTOTAL** of Receipts This Page (optional) .....

959.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Anthony J Keelin

Mailing Address 2208 26th Avenue^ South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34063

Amount of Each Receipt this Period

325.00

Bi-Weekly Payroll Deducti-  
on - 25.00

**B.**

Full Name (Last, First, Middle Initial)

Dan Kight

Mailing Address 2013 Orchard Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Mgr^ Pharmacy Ops Sppt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34066

Amount of Each Receipt this Period

250.00

Bi-Weekly Payroll Deducti-  
on - 25.00

**C.**

Full Name (Last, First, Middle Initial)

Vivian Kiraly

Mailing Address 4254 Waterbend Drive West

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34068

Amount of Each Receipt this Period

325.00

Bi-Weekly Payroll Deducti-  
on - 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City

Saline

State

MI

Zip Code

48176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR. Manor Care, Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34077

Amount of Each Receipt this Period

230.00

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Barry Lazarus

Mailing Address 2629 Liverpool Court

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP - Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1022.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34080

Amount of Each Receipt this Period

1022.00

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City

Wichita

State

KS

Zip Code

67235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.55

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34081

Amount of Each Receipt this Period

371.55

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1623.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34089

Amount of Each Receipt this Period

598.00

Bi-Weekly Payroll Deducti-  
on -46.00

**B.**

Full Name (Last, First, Middle Initial)

Sephane M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City

Northville

State

MI

Zip Code

48168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34090

Amount of Each Receipt this Period

255.90

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Joya Marotta

Mailing Address 1037 NW 18th Avenue

City

Boca Raton

State

FL

Zip Code

33486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.33708

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1853.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Laverne M Martin

Mailing Address 8232 Ridge Run Place

City

Mechanicsville

State

PA

Zip Code

23116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Admin Dir Of Nursing Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34093

Amount of Each Receipt this Period

254.54

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Frances Mastel

Mailing Address 1807 Derian Drive

City

Aberdeen

State

SD

Zip Code

57401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34099

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.33659

Amount of Each Receipt this Period

2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2464.54

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 33 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2415.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34100

Amount of Each Receipt this Period

415.40

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Jill Matelan

Mailing Address 312 N. Franklin St

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.74

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34101

Amount of Each Receipt this Period

363.74

Bi-Weekly Payroll Deducti-  
on - 29.78

**C.**

Full Name (Last, First, Middle Initial)

Robert E McQuillan

Mailing Address 604 Stoney Run Road

City

Pottsville

State

PA

Zip Code

17901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.33709

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1279.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP - Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34106

Amount of Each Receipt this Period

2500.03

Bi-Weekly Payroll Deducti-  
on - 192.31

**B.**

Full Name (Last, First, Middle Initial)

Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34111

Amount of Each Receipt this Period

513.50

Bi-Weekly Payroll Deducti-  
on - 51.35

**C.**

Full Name (Last, First, Middle Initial)

Mr. Doug Mock

Mailing Address 308 East Front Street

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

AVP - Central Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.33767

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3513.53

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Susan Morey

Mailing Address 308 Shelly Drive

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: SA11AI.33841

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Melinda K Muller

Mailing Address 1261 Lakeside Drive #1204

City

Sunnyvale

State

CA

Zip Code

94085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.34118

Amount of Each Receipt this Period

210.00

Bi-Weekly Payroll Deducti-  
on - 35.00**C.**

Full Name (Last, First, Middle Initial)

Terrance Murphy

Mailing Address 2379 Schaffer Road

City

Pottstown

State

PA

Zip Code

19464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

326.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.34122

Amount of Each Receipt this Period

326.42

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

1536.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Tom Myers

Mailing Address 24927 Prairie Crossing

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
Director of Ops Support - Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34123

Amount of Each Receipt this Period

360.00

Bi-Weekly Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City State Zip Code  
West Palm Beach FL 33414

FEC ID number of contributing federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34124

Amount of Each Receipt this Period

499.98

Bi-Weekly Payroll Deduction - 38.46

C.

Full Name (Last, First, Middle Initial)

David K Nees

Mailing Address 5315 Rymoor Drive

City State Zip Code  
Sylvania OH 43560

FEC ID number of contributing federal political committee.

C

Name of Employer  
HCR. Manor Care, IncOccupation  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34125

Amount of Each Receipt this Period

1180.54

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

2040.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34126

Amount of Each Receipt this Period

999.96

Bi-Weekly Payroll Deducti-  
on - 76.92

**B.**

Full Name (Last, First, Middle Initial)

Eric O'Neill

Mailing Address 4009 East Braeburn Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34312

Amount of Each Receipt this Period

265.38

Bi-Weekly Payroll Deducti-  
on - 44.23

**C.**

Full Name (Last, First, Middle Initial)

Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34131

Amount of Each Receipt this Period

346.20

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1611.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Orinoco

Mailing Address 1361 Bobby Lane

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34135

Amount of Each Receipt this Period

261.52

Bi-Weekly Payroll Deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Ms. Annette Orlowski

Mailing Address 2664 Heytman Dr

City

Lansing

State

IA

Zip Code

52151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.09

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34136

Amount of Each Receipt this Period

844.09

Bi-Weekly Payroll Deducti-  
on - 64.93

**C.**

Full Name (Last, First, Middle Initial)

Paul A. Ormond

Mailing Address 2420 Underhill Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Chairman President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.33631

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

6105.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Susan Ormond

Mailing Address 2420 Underhill Road

City State Zip Code  
 Toledo OH 43615

FEC ID number of contributing federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
CEO Admin Asst.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.33632

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ann E Otley

Mailing Address 333 W Wooster St

City State Zip Code  
 Bowling Green OH 43402

FEC ID number of contributing federal political committee.

C

Name of Employer  
HCR ManorCare Inc.Occupation  
Director of Corporate Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34137

Amount of Each Receipt this Period

300.00

Bi-Weekly Payroll Deduction - 25.00

C.

Full Name (Last, First, Middle Initial)

Brett Otley

Mailing Address 11240 Messina Way

City State Zip Code  
 Reno NV 89521

FEC ID number of contributing federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34138

Amount of Each Receipt this Period

385.36

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

5685.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Pagoaga

Mailing Address 21 Winding Creek Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Vice President, Rehabilitation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.33635

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1604.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34139

Amount of Each Receipt this Period

1604.83

Bi-Weekly Payroll Deducti-  
on - 3.00

**C.**

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34140

Amount of Each Receipt this Period

1344.00

Bi-Weekly Payroll Deducti-  
on - 192.00

**SUBTOTAL** of Receipts This Page (optional) .....

7948.83

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Karen Phelps

Mailing Address Route 4, Box 87P

City

Tecumseh

State

OK

Zip Code

74873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Manager Clinical Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34142

Amount of Each Receipt this Period

390.00

Bi-Weekly Payroll Deducti-  
on - 30.00

**B.**

Full Name (Last, First, Middle Initial)

Luke T Pile

Mailing Address 716B Main St

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34143

Amount of Each Receipt this Period

301.86

Bi-Weekly Payroll Deducti-  
on - 23.22

**C.**

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34232

Amount of Each Receipt this Period

851.64

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1543.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael J Reed

Mailing Address 3899 Midshore Drive

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP Assisted Living Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34148

Amount of Each Receipt this Period

2499.97

Bi-Weekly Payroll Deducti-  
on - 192

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stewart Reed

Mailing Address 402 Wesley Dr

City

Salisbury

State

NC

Zip Code

28146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34149

Amount of Each Receipt this Period

273.07

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34150

Amount of Each Receipt this Period

444.00

Bi-Weekly Payroll Deducti-  
on - 37.00

**SUBTOTAL** of Receipts This Page (optional) .....

3217.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah A Reitz

Mailing Address 4312 Shangri La Rd.

City

Stewartstown

State

PA

Zip Code

17363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34151

Amount of Each Receipt this Period

550.00

Bi-Weekly Payroll Deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

John Remenar

Mailing Address 2723 Rexton Ridge

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

VP/Director - Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1907.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34152

Amount of Each Receipt this Period

1907.74

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Patricia B Richards

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34156

Amount of Each Receipt this Period

303.80

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

2761.54

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Ringenberg

Mailing Address 6073 Wedgewood Village Circle

City

Lake Worth

State

FL

Zip Code

33463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director Nutrition Consulting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	1

Transaction ID: SA11AI.33689

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.34157

Amount of Each Receipt this Period

494.00

Bi-Weekly Payroll Deducti-  
on - 38.00**C.**

Full Name (Last, First, Middle Initial)

David R Roth

Mailing Address 5257 Bentwood Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Director Of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.34160

Amount of Each Receipt this Period

350.00

Bi-Weekly Payroll Deducti-  
on - 50.00

SUBTOTAL of Receipts This Page (optional) .....

1094.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Rick Rump

Mailing Address 2423 Heather Glen

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Director of Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34162

Amount of Each Receipt this Period

713.89

Bi-Weekly Payroll Deducti-  
on - 55.58**B.**

Full Name (Last, First, Middle Initial)

Angela G Russo

Mailing Address 4950 Cypress Pike Circle  
Unit 101

City

Virginia Beach

State

VA

Zip Code

23455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Gen Mgr Central Div 4H

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34163

Amount of Each Receipt this Period

403.00

Bi-Weekly Payroll Deducti-  
on - 31.00**C.**

Full Name (Last, First, Middle Initial)

David A Saunders

Mailing Address 14661 Bellino Terrace Unit 202

City

Bonita Springs

State

FL

Zip Code

34135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34167

Amount of Each Receipt this Period

259.30

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

1376.19

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City

Gilman

State

IL

Zip Code

60938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34168

Amount of Each Receipt this Period

300.00

Bi-Weekly Payroll Deducti-  
on - 25.00

**B.**

Full Name (Last, First, Middle Initial)

Deborah Schlosser

Mailing Address 2432 21st Street

City

Wyandotte

State

MI

Zip Code

48192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34324

Amount of Each Receipt this Period

452.92

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34169

Amount of Each Receipt this Period

325.00

Bi-Weekly Payroll Deducti-  
on - 25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1077.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northampton

State

PA

Zip Code

18067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34170

Amount of Each Receipt this Period

325.00

Bi-Weekly Payroll Deducti-  
on - 25.00

B.

Full Name (Last, First, Middle Initial)

Ms Elizabeth Schupp

Mailing Address 1022 Oakview Drive

City

Highland Heights

State

OH

Zip Code

44143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.33688

Amount of Each Receipt this Period

750.00

contribution

C.

Full Name (Last, First, Middle Initial)

Kenneth P Schuster

Mailing Address 2074 Cameo

City

Lewisville

State

TX

Zip Code

75067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34171

Amount of Each Receipt this Period

250.00

Bi-Weekly Payroll Deducti-  
on - 25.00

SUBTOTAL of Receipts This Page (optional) .....

1325.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Sexton

Mailing Address 7645 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Senior Manager - Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11AI.33901

Amount of Each Receipt this Period

241.75

Credit Card Contribution -  
DSC**B.**

Full Name (Last, First, Middle Initial)

Katie Slench

Mailing Address 7492 E Plank Trail Ct

City

Frankfort

State

IL

Zip Code

60423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Reg Resident Assessment Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34176

Amount of Each Receipt this Period

205.62

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Theresa J Smelser

Mailing Address 202 N. Elm Hurst Rd.

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34177

Amount of Each Receipt this Period

330.00

Bi-Weekly Payroll Deducti-  
on - 30.00

SUBTOTAL of Receipts This Page (optional) .....

777.37

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

Vice President, Director Clinical Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34178

Amount of Each Receipt this Period

680.00

Bi-Weekly Payroll Deducti-  
on - 85.00

**B.**

Full Name (Last, First, Middle Initial)

Patrica Smith

Mailing Address 3644 Chesterton Dr

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.33810

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Patrica Smith

Mailing Address 3644 Chesterton Dr

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.34231

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-  
on - 10.00

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Marionlee J Specter

Mailing Address 5286 Sell Road

City

New Tripoli

State

PA

Zip Code

18066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.34183

Amount of Each Receipt this Period

351.00

Bi-Weekly Payroll Deducti-  
on - 27.00**B.**

Full Name (Last, First, Middle Initial)

Steven D Spencer

Mailing Address 1102 Towsley Ln

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.33637

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan Stewart

Mailing Address 571 Dorado Dr

City

Fairborn

State

OH

Zip Code

45324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

Employee Relations Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.34187

Amount of Each Receipt this Period

260.00

Bi-Weekly Payroll Deducti-  
on - 20.00

SUBTOTAL of Receipts This Page (optional) .....

1611.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Jane L Stilwell

Mailing Address 2351 S. Rogers

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Mobile Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34188

Amount of Each Receipt this Period

375.00

Bi-Weekly Payroll Deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Anthony J Stinson

Mailing Address 3 Lynnefield Court

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34189

Amount of Each Receipt this Period

233.84

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Sherri L Stoltzfus

Mailing Address 119 East Manor Dr.

City

Lititz

State

PA

Zip Code

17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34190

Amount of Each Receipt this Period

261.14

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

869.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Colette Storck

Mailing Address 28490 Wynykako Ave

City

Millsboro

State

DE

Zip Code

19966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34191

Amount of Each Receipt this Period

390.00

Bi-Weekly Payroll Deducti-  
on - 30.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34197

Amount of Each Receipt this Period

220.00

Bi-Weekly Payroll Deducti-  
on - 20.00

**C.**

Full Name (Last, First, Middle Initial)

Cyndi K Taplin

Mailing Address 5023 W. 59th St

City

Davenport

State

IA

Zip Code

52806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34198

Amount of Each Receipt this Period

900.00

Bi-Weekly Payroll Deducti-  
on

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Vicki Tomer

Mailing Address 500 Buckingham Place

City

Shorewood

State

IL

Zip Code

60431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.33786

Amount of Each Receipt this Period

1050.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.34207

Amount of Each Receipt this Period

797.60

Bi-Weekly Payroll Deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Ms Mary D. Wahl

Mailing Address 3008 Drummond Road

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Director, Corporate Services Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.33867

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

2347.60

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Toni Y Williams

Mailing Address 141 Boiling Spring Cir

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34213

Amount of Each Receipt this Period

260.00

Bi-Weekly Payroll Deducti-  
on - 20.00**B.**

Full Name (Last, First, Middle Initial)

Joseph Wilson

Mailing Address 7720 Sagamore Hills Blvd

City

Sagamore Hills

State

OH

Zip Code

44067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator - Mayfield Heights

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	1

Transaction ID: SA11AI.33745

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mark A Wilson

Mailing Address 140 Packet Drive

City

Charles Town

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34214

Amount of Each Receipt this Period

280.00

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

790.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34215

Amount of Each Receipt this Period

275.00

Bi-Weekly Payroll Deducti-  
on - 25.00**B.**

Full Name (Last, First, Middle Initial)

Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34219

Amount of Each Receipt this Period

296.11

Bi-Weekly Payroll Deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Daniel A Zawadzki

Mailing Address 18910 Mallard Cove

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: SA11AI.34220

Amount of Each Receipt this Period

228.00

Bi-Weekly Payroll Deducti-  
on

SUBTOTAL of Receipts This Page (optional) .....

799.11

TOTAL This Period (last page this line number only) .....

99563.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 / 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ALLIANCE FOR QUALITY NURSING HOME CARE INC. POLITICAL ACTION COMMITTEE (AQNH PAC)</b> Mailing Address 1350 CONNECTICUT AVENUE NW SUITE 900 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement Donation for Memo Dated March 10, 2011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.33657 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	1	/	2	0	1	1	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	1	/	2	0	1	1													
5000.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ALLYSON SCHWARTZ FOR CONGRESS</b> Mailing Address P.O. Box 2232 City Jenkintown State PA Zip Code 19046 Purpose of Disbursement Contribution for event held Monday, March 14, 2011 Candidate Name <b>ALLYSON Y. SCHWARTZ</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.33648 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	1	/	2	0	1	1	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	0	1	/	2	0	1	1													
1500.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BEN CARDIN FOR SENATE</b> Mailing Address P.O. BOX 21093 City CATONSVILLE State MD Zip Code 21228 Purpose of Disbursement Donation for event held April 5, 2011 Candidate Name <b>BENJAMIN L CARDIN</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.33683 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	4	/	2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	0	4	/	2	0	1	1													
2500.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC**A.** Full Name (Last, First, Middle Initial)  
BOB CASEY FOR SENATE INCMailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution for event held Thursday, June 2, 2011Candidate Name  
ROBERT P JR CASEY011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President  
State: PA District: 00Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.33799

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMEN-  
TS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.33644

Date of Disbursement

03 / 01 / 2011

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR JOSH MANDEL

Mailing Address 50 WEST BROAD STREET SUITE 1900

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
Contribution for Event Held June 22, 2011Candidate Name  
JOSH MANDEL011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President  
State: OH District: 00Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.33870

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL BLACK CAUCUS PAC</b>	<b>Transaction ID:</b> SB23.33737
Mailing Address 227 Massachusetts Ave., NW	Date of Disbursement
City Washington State DC Zip Code 20002	<div> <div>MM / DD / YY</div> <div>05 / 05 / 2011</div> </div>
Purpose of Disbursement Donation	Amount of Each Disbursement this Period
Candidate Name	<div>5000.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>012</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.33718
Mailing Address 5915 EASTMAN AVENUE SUITE 100	Date of Disbursement
City MIDLAND State MI Zip Code 48640	<div> <div>MM / DD / YY</div> <div>04 / 21 / 2011</div> </div>
Purpose of Disbursement Contribution for event held Monday, April 25th	Amount of Each Disbursement this Period
Candidate Name DAVID LEE CAMP	<div>3500.00</div>
<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: MI District: 04</div> </div>	<div></div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.33846
Mailing Address 5915 EASTMAN AVENUE SUITE 100	Date of Disbursement
City MIDLAND State MI Zip Code 48640	<div> <div>MM / DD / YY</div> <div>05 / 31 / 2011</div> </div>
Purpose of Disbursement Contribution requested 5-31-2011	Amount of Each Disbursement this Period
Candidate Name DAVID LEE CAMP	<div>1000.00</div>
<div> <div>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: MI District: 04</div> </div>	<div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC**A.**

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Donation for event on Friday, June 24th 2011

Candidate Name

012  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2011 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.33865

Date of Disbursement

06 / 17 / 2011

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Donation for event held on Wednesday, April 6th 2011

Candidate Name

012  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2011 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.33661

Date of Disbursement

03 / 18 / 2011

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement  
Contribution for event held Monday, Feb. 7, 2011Candidate Name  
GLENN THOMPSON011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 05

Transaction ID: SB23.33624

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC**A.**Full Name (Last, First, Middle Initial)  
FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution for event held Wednesday, May 25th, 2011Candidate Name  
MAX BAUCUS011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2014 ☒ Primary ☐ General  
Other (specify) ▼  
State: MT District: 00

Transaction ID: SB23.33804

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

5000.00

**B.**Full Name (Last, First, Middle Initial)  
FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution for event held Wednesday, May 25th, 2011Candidate Name  
MAX BAUCUS011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2014 ☐ Primary ☒ General  
Other (specify) ▼  
State: MT District: 00

Transaction ID: SB23.33805

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

2500.00

**C.**Full Name (Last, First, Middle Initial)  
FRIENDS OF MIKE H

Mailing Address 610 S BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement

Candidate Name  
MIKE HARIDOPOLOS011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
Other (specify) ▼  
State: FL District: 00

Transaction ID: SB23.33630

Date of Disbursement

01 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC**A.** Full Name (Last, First, Middle Initial)  
GARDNER FOR CONGRESS 2012

Mailing Address PO BOX 2408

City LOVELAND State CO Zip Code 80539

Purpose of Disbursement  
Contribution Requested 6-20-11Candidate Name  
CORY GARDNER011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: SB23.33881

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Contribution for event held Wed., March 30, 2011Candidate Name  
ORRIN G HATCH011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: SB23.33669

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Contribution for event held Saturday, June 4th 2011Candidate Name  
ORRIN G HATCH011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: SB23.33839

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Contribution for event held Saturday, June 4th 2011

Candidate Name  
ORRIN G HATCH

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General  
☐ Other (specify) ▼  
State: UT District: 00

Transaction ID: SB23.33840

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

4500.00

**B.** Full Name (Last, First, Middle Initial)  
JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DR

City State Zip Code  
WADSWORTH OH 44281

Purpose of Disbursement  
Contribution requested 5-11-11

Candidate Name  
JAMES B RENACCI

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: OH District: 16

Transaction ID: SB23.33800

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City State Zip Code  
LA CROSSE WI 54601

Purpose of Disbursement  
Contribution for Event Held Wednesday, July 6, 2011

Candidate Name  
RON KIND

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: WI District: 03

Transaction ID: SB23.33871

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC**A.** Full Name (Last, First, Middle Initial)  
MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement  
Contribution for event held Thursday, March 10, 2011 at the home of Heather and Tony PodestaCandidate Name  
JOE, III MANCHINCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.33620

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement  
Contribution for event held Tuesday, June 28thCandidate Name  
JOE, III MANCHIN011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.33882

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118

Purpose of Disbursement

Candidate Name  
MARCIA L FUDGE011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: SB23.33621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 2012</p> <p>Mailing Address 700 13TH STREET NW SUITE 600</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution for held on Thursday, May 19th 2011</p> <p>Candidate Name CLAIRE MCCASKILL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.33741  <b>Date of Disbursement</b>  <div>05 / 06 / 2011</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2000.00</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '14</p> <p>Mailing Address PO BOX 1496</p> <p>City LOUISVILLE State KY Zip Code 40201</p> <p>Purpose of Disbursement Contribution for event held Monday, March 7, 2011</p> <p>Candidate Name MITCH MCCONNELL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.33641  <b>Date of Disbursement</b>  <div>02 / 28 / 2011</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>5000.00</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MCKINLEY FOR CONGRESS</p> <p>Mailing Address 32 20TH STREET</p> <p>City WHEELING State WV Zip Code 26003</p> <p>Purpose of Disbursement Contributino for event held Sunday, May 1st 2011</p> <p>Candidate Name DAVID B MCKINLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.33729  <b>Date of Disbursement</b>  <div>04 / 22 / 2011</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**8000.00**

**TOTAL** This Period (last page this line number only) .....



	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

03 / 04 / 2011

2500.00

06 / 15 / 2011

1000.00

05 / 06 / 2011

5000.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 / 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) NELSON 2012 Mailing Address PO BOX 8666	<b>Transaction ID:</b> SB23.33652 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	4		2	0	1	1													
City OMAHA State NE Zip Code 68108 Purpose of Disbursement Contribution for event held on Wednesday, March 16th 2011 Candidate Name E BENJAMIN NELSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: NE District: 00	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																				
3500.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U S SENATE INC Mailing Address PO BOX 433 City GREAT BEND State KS Zip Code 67530 Purpose of Disbursement Contribution for event held on on Thursday, June 30th 2011 Candidate Name PAT ROBERTS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: KS District: 00	<b>Transaction ID:</b> SB23.33866 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	7		2	0	1	1													
1000.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) POMPEO FOR CONGRESS INC Mailing Address PO BOX 780146 City WICHITA State KS Zip Code 67212 Purpose of Disbursement Contribution Requested 6/20/11 Candidate Name MICHAEL RICHARD POMPEO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: KS District: 04	<b>Transaction ID:</b> SB23.33879 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	1		2	0	1	1													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
SNOWE FOR SENATE

Mailing Address PO BOX 2012

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement  
Contribution for event held on Wednesday, May 25th

Candidate Name  
OLYMPIA J SNOWE

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ME District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.33743

Date of Disbursement

05 / 06 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
SNOWE FOR SENATE

Mailing Address PO BOX 2012

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement  
Contribution for event held on Wednesday, May 25th

Candidate Name  
OLYMPIA J SNOWE

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ME District: 00

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.33744

Date of Disbursement

05 / 06 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)  
Stabenow Victory Fund 2012

Mailing Address PO Box 4462

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Donation requested 4/21/11

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

012  
Category/  
Type

Transaction ID: SB23.33723

Date of Disbursement

04 / 22 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS</p> <p>Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190</p> <p>City COLUMBUS State OH Zip Code 43231</p> <p>Purpose of Disbursement Contribution requested 6/15/11</p> <p>Candidate Name PATRICK J TIBERI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.33864 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 6 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div> </p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 1007</p> <p>City WILLOWS State CA Zip Code 95988</p> <p>Purpose of Disbursement Contribution for event held Thursday, June 9th 2011</p> <p>Candidate Name WALLY HERGER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.33829 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WILSON FOR SENATE</p> <p>Mailing Address PO BOX 10248</p> <p>City ALBUQUERQUE State NM Zip Code 87184</p> <p>Purpose of Disbursement Contribution for event held Saturday, April 16th 2011</p> <p>Candidate Name HEATHER A WILSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.33687 <b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 7 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

WILSON FOR SENATE

Mailing Address PO BOX 10248

City  
ALBUQUERQUE

State  
NM

Zip Code  
87184

Purpose of Disbursement  
Contribution for Event Held Wednesday, May 4, 2011

Candidate Name  
HEATHER A WILSON

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NM District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.33735

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.** Full Name (Last, First, Middle Initial)  
Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Contribution for meeting held on 3/28/11

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33674

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Berg for Congress

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement  
Contribution Requested 6/20/11

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33877

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect Christopher R. Widener

Mailing Address 23 South Center Street  
Suite 103

City Springfield State OH Zip Code 45502

Purpose of Disbursement  
Contribution requested 3/28/11

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33675

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Christopher R. Widener</p> <p>Mailing Address 23 South Center Street Suite 103</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Contribution for event held May 26, 2011</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.33838  <b>Date of Disbursement</b>  <div>05 / 24 / 2011</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Earl Ray Tomblin 2011</p> <p>Mailing Address 5 Greenbrier St.</p> <p>City Charleston State WV Zip Code 25311</p> <p>Purpose of Disbursement Contribution for event held June 29th 2011</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼            Special-General</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.33862  <b>Date of Disbursement</b>  <div>06 / 15 / 2011</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Niehaus</p> <p>Mailing Address 11131 Little Indian Creek Road</p> <p>City New Richmond State OH Zip Code 45157</p> <p>Purpose of Disbursement Donation requested 4/29/11</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.33736  <b>Date of Disbursement</b>  <div>05 / 02 / 2011</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1000.00</div></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Committee to Elect Niehaus

Mailing Address 11131 Little Indian Creek Road

City State Zip Code  
New Richmond OH 45157

Purpose of Disbursement  
Contribution for event held May 26, 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Diane Black for Congress

Mailing Address PO BOX 1437

City State Zip Code  
Gallatin TN 37066

Purpose of Disbursement  
Contribution Requested 6/20/11

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33878

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Bill Adolph Jr.

Mailing Address P.O. Box 303

City State Zip Code  
Springfield PA 19064

Purpose of Disbursement  
Contribution for event held May 9, 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33681

Date of Disbursement

/   /

Amount of Each Disbursement this Period

450.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	<b>Transaction ID:</b> SB29.33676 <b>Date of Disbursement</b>
Mailing Address 323 West Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Media State PA Zip Code 19063	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution for event held May 19, 2011	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Farber	<b>Transaction ID:</b> SB29.33833 <b>Date of Disbursement</b>
Mailing Address 7706 State Route 703	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 4 / 2 0 1 1</div> </div>
City Celina State OH Zip Code 45066	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution for event held May 26, 2011	<div>1250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	<b>Transaction ID:</b> SB29.33662 <b>Date of Disbursement</b>
Mailing Address P. O. Box 792	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div>
City Harrisburg State PA Zip Code 17108	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution requested 3/17/11	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Kirk Cox

Mailing Address P.O. Box 1205

City State Zip Code  
Colonial Heights VA 23834

Purpose of Disbursement  
Contribution for event held June 22nd 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
FRIENDS OF MIKE TURZAI

Mailing Address 125 Hillvue Ln

City State Zip Code  
Pittsburgh PA 15237

Purpose of Disbursement  
Contribution for event held on Wednesday, May 11, 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33732

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Senator Edd Houck

Mailing Address P.O. Box 7

City State Zip Code  
Spotsylvania VA 22553

Purpose of Disbursement  
Contribution requested Monday, June 20, 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.33872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Shannon Jones	<b>Transaction ID:</b> SB29.33823 <b>Date of Disbursement</b>																				
Mailing Address 800 Valley View Point	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	1												
City Springboro State OH Zip Code 45066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution requested 5-20-11	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Shannon Jones	<b>Transaction ID:</b> SB29.33834 <b>Date of Disbursement</b>																				
Mailing Address 800 Valley View Point	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	4		2	0	1	1												
City Springboro State OH Zip Code 45066	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution for event held May 26, 2011	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Tom Patton	<b>Transaction ID:</b> SB29.33863 <b>Date of Disbursement</b>																				
Mailing Address 17157 Rabbit Run Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Strongsville State OH Zip Code 44136	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution for event held June 16th 2011	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)  
IOWA HEALTH PAC

Mailing Address 1775 90th St

City State Zip Code  
West Des Moines IA 50266

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.33734

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1250.00

B.

Full Name (Last, First, Middle Initial)  
Jimmy Stewart for State Senate

Mailing Address 1021 Four Mill Creek Road

City State Zip Code  
Coolville OH 45723

Purpose of Disbursement  
Contribution for event held May 26, 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.33837

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

750.00

C.

Full Name (Last, First, Middle Initial)  
Keystone Leader's PAC

Mailing Address P.O. Box 506

City State Zip Code  
Harrisburg PA 17108

Purpose of Disbursement  
Donation Requested 3/17/11

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.33664

Date of Disbursement

03 / 18 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCR Manor Care PAC

**A.**

Full Name (Last, First, Middle Initial)  
Killion Victory Committee

Mailing Address 3 Laura Lynn Road

City State Zip Code  
Glen Mills PA 19342

Purpose of Disbursement  
Contribution for event held on April 5, 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.33682

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
WHCA-PAC (Washington)

Mailing Address 303 Cleveland Ave. SE  
Ste. 206

City State Zip Code  
Tumwater WA 98501

Purpose of Disbursement  
Donation Requested 5-12-11

Candidate Name

012  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.33803

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

28250.00